Type or Print)   WILLIAM   ALBERT   VANSTANE   DEATH December   5 * 15   15   15   15   15   15   15	I THE DEA A	4	THE DIVISION					6	EARE
T. PLACE OF DEATH  a. COUNTY Livingston  D. CITY of understoorporate limits, write RURAL and give township)  TOWN Ludlow many from the property of SAY (tas his pack)  G. FULL MANE OF of nor is hospital or haudituites, give furnes address or leastines)  ANAME OF of the six of	HIEO DEC 2	4 1957	STANDARD		CATE OF	DEATH	Sta	ue File No	
S. COUNTY LIVINGS TON  D. CITY (IT evaluate corporate limits, write BUBAL and give township)  TOWN LUCION MARKED CONTROL INSTITUTION  A. FUNDED CONTROL INSTITUTION  A. FUNDED CONTROL INSTITUTION  DECEASED  (A. FUND CONTROL INSTITUTION  NAME OF a. (FIRS)  DECEASED  (A. FUND CONTROL INSTITUTION  A. DATE (COLOR OR RACE 1)  MARKED CONTROL INSTITUTION  A. SEX  (C. COLOR OR RACE 1)  MARKED CONTROL INSTITUTION  A. SEX  (C. COLOR OR RACE 1)  MARKED CONTROL INSTITUTION  A. SEX  (C. COLOR OR RACE 1)  MARKED CONTROL INSTITUTION  A. SEX  (C. COLOR OR RACE 1)  MARKED CONTROL INSTITUTION  A. SEX  (C. COLOR OR RACE 1)  MARKED CONTROL INSTITUTION  A. SEX  (C. CLAST)  MARKED CONTROL INSTITUTION  A. DATE OF BIRTH  (M. DATE (Given and Starts or Farriage Country)  MAD COLOR OR RACE 1)  MARKED CONTROL INSTITUTION  MALE  WINDOW FUNDED COLOR OR RACE 1)  MARKED CONTROL INSTITUTION  MALE  WINDOW FUNDED COLOR OR RACE 1)  MARKED CONTROL INSTITUTION  MALE  WINDOW FUNDED COLOR OR RACE 1)  MARKED CONTROL INSTITUTION  MARKED	RTH NO		REG. DIST. NO	187 PF	RIMARY REG.	DIST. NO. <u>5</u>	76 Re	gist <del>rar</del> 's No	19
b. CITY (if equade exposure timbs, write BURAL and give TORN Liadlow) Manual Turp 1 Virg 1 Virg 1 Port 1 Virg 1 Virg 1 Virg 1 Virg 1 Port 1 Virg 1 Vi		TH				ESIDENCE (			ution: residence befo
ORN Ludlow Month Turn 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a. COUNTY Livi	ingston			<u> Mj</u>				
d. FULL NAME OF CIT on in beptial or institution, gires frost address or location)  d. FULL NAME OF CIT on in beptial or institution, gires frost address or location)  3. NAME OF CIT ON ILLIAM  ALBERT  VANSTANE  DEATH December 15 15  5. SEX  6. COLOR OR RACE  7. MARRIED, NECES MARRIED, NECE	OR - ,-		RAL and give C. LE	(in this place)	OR		e, write RURAL	and give townsh	de)
NOSPITAL OR NOSTITUTION  3. NAME OF DECEASED (Type or Prins)  5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED		711.0700	12 1 WP 1 41	<u>yrs</u>			eles (section)		-5570
Type or Print   WILLIAM   ALBERT   YANSTANE   OEATH December   15   15   15   15   15   15   15   1	HOSPITAL OR INSTITUTION	I not in hospital or that	itution, give etreet address	or location)	ADDRESS	(II fuls)	. give location)		
Male White  Microwal Diverse war of the order of continue for the order of the orde	3. NAME OF DECEASED		•	•	•	•	I OF		
Male White wildowed Special Sept 14, 1875 Bat birthday Montal Days Hours to Wildowed Special Sept 14, 1875 Bat birthday Montal Days Hours to Montal Days Wildowed Special Section of Montal Days Wildowed Special Section Special Section Special Spec							DEATH T	<u>)ecembe</u>	r 15 157
Lumber Yd   Lumb	- T - 1	hite	. WIDOWED, DIVORCE WIDOWED, DIVORCE				last birthds	Months I	Days Hours Min.
Lumberman  Lumber Id.  Utica, Missouri  13. hame of husband or bife  William H Vanstane  Pauline Fortune  Fitta Maude Beiler  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY  NO.  NO.  Mrs. Lilliam Sturwoldt; Ludlow, Mo.  Mrs. Ludlow, Mrs. Ludlow, Mrs.	10a. USUAL OCCUPATIO	N (Give kind of work	10b. KIND OF BUSINE		11. BIRTHPLAC	E (City and Sta	te or Foreign (	Destry) D 1	2. CITIZEN OF WHA
Sa. Action   Same   S				•					
18. CAUSE OF DEATH 18. CAUSE OF CONDITION 18. CAUSE OF DEATH 18. CAUSE OF CONDITION 18. CAUSE OF CONDITION 18. CAUSE OF CONDITION 18. CAUSE OF CONDITION 19. DATE OF OPERA 19. DATE OF OPERA 19. DATE OF OPERA 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. INJURY 19. INJURY 19. INJURY 19. INJURY OCCURRED 19. INJURY OCCURRED 216. ACCIDENT 18. AUSTON 217. INFORMANT'S SIGNATURE 216. CONTROL 217. INSURING COURT 217. INSURING COURT 218. ACCIDENT 18. (Mossis) 18. AUSTON 218. ACCIDENT 18. (Mossis) 18. DATE OF OPERA 18. (Mossis) 18. CAUSE 18. (Mossis) 18. AUSTON 218. ACCIDENT 219. MAJOR FINDINGS OF OPERATION 211. HOW DID INJURY OCCURR 211. HOW DID INJURY OCCURR 212. I hereby certify that I attended the decade occurred at 7:00p m., from the causes and on the date stated above. 228. SPENATURE 229. AUTOPESS 220. DATE SIGN 220. DATE SIGN 220. DATE SIGN 221. AUTOPESS 221. AUTOPESS 222. DATE SIGN 222. DATE SIGN 223. AUTOPESS 224. LORD ON MISSOURT 225. DATE SIGN 226. NAME OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY 226. NAME OF CEMETERY 227. OF CEMETERY 228. AUCTOR 229. DATE SIGN 229. DATE SIGN 220. DATE SIGN 220. DATE SIGN 220. DATE SIGN 221. LORD OF STENATURE 220. DATE SIGN 221. LORD OF STENATURE 221. LORD OF STENATURE 222. DATE SIGN 223. AUCTOR 224. LORD OF STENATURE 225. PUBLICAL DIRECTOR'S STENATURE 226. NAME OF CEMETERY			136. MOTHER	'S MAIDEN N	AME	14. NA	ME OF HUSB	AND OR WIFE	•
NO. NO. Mrs. Lillian Sturwoldt: Ludlow Mo. No. No. No. No. No. No. No. No. No. N									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, authenia, tet. 11 means the dis- case, injury, or compileo- tion which caused death.  19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Mosth) 10F	(Yes, no, or unknown) (If		corrige)	NO.					
DIRECTLY LEADING TO DEATH* (a)		- <del></del>			<u>v</u> -		turwoi	ar ind	
*This does not mean the mode of dring, such as heart failure, arthenia, ctc. It means the dis- ctart, injury, or complice tion which caused death.  19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  21b. PLACE OF INJURY (o.g., in or about Medical cause)  21c. (CITY, TOWN, OR TOWNSHIP)  21d. TIME (Month) OF INJURY  21b. PLACE OF INJURY (o.g., in or about Medical cause)  21c. (CITY, TOWN, OR TOWNSHIP)  21d. TIME (Month) OF INJURY  22 I hereby certify that I attended the deceased from Medical cause and on the date stated above.  23a. SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY  25b. DATE SIGNATURE  26c. NAME OF CEMETERY OR CREMATORY  27c. DATE SIGNATURE  27c. NAME OF CEMETERY OR CREMATORY  27c. DATE SIGNATURE  27c. NAME OF CEMETERY OR CREMATORY  27c. NAME OF CEMETERY OR CREMATORY  27c. DATE SIGN  27c. DATE SIGN  27c. NAME OF CEMETERY OR CREMATORY  27c. DATE SIGN  27c. DATE SIGN  27c. DATE SIGN  27c. NAME OF CEMETERY OR CREMATORY  27c. DATE SIGN  27c. DATE SIGN  27c. DATE SIGN  27c. NAME OF CEMETERY OR CREMATORY  27c. DATE SIGN  27c.	Enter only one cause per	1. DISEASE OR CO! DIRECTLY LEADIN	NDITION IG TO DEATH*(a)	rocino	mac	of Pro	state	<u> </u>	S Mos
Ide mode of dying, such as hearly diver, archeria, etc. It means the discase cause (a) stating cluse last.  DUE TO (c)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition counting death.  ISB. DATE OF OPERA- TION  ISB. MAJOR FINDINGS OF OPERATION  21B. PLACE OF INJURY (e.g., in or about bottle, cluster)  EVERY COUNTY  21C. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21d. TIME (Month) (Day) (Year) (Hour) (State)  WORK NATURE  22. I hereby certify that I atjended the deceased from (NOT WHILE WORK AT W		ANTECEDENT CAU	ISES	, ,	4-				,
as hear fedure, ashenia, etc. It means the discrepancy of the underlying cause last.  DUE TO (c)  19a. DATE OF OPERATION  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE (Bpacity)  21b. PLACE OF INJURY (e.g., to or about Homicide  21d. TIME (Month) (Day) (Tear) (Elocu)  21d. INJURY (CCURRED WHILE AT HOT WHILE	the mode of dying, such	Morbid conditions,	if any, giving DUE TO	(b)			<del>-</del> ,		<del></del>
19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Tear) (Hour) INJURY  21b. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. How DID INJURY OCCUR?  22f. that I last saw the decease alive on Are C. 9, 197 (f., and that death occurred at 7:00p m., from the causes and on the date stated above.  22a. SIGNATURE  12b. PLACE OF INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f.		the underlying cause	e last.					+	•
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE (Opecity)  21b. PLACE OF INJURY (e.g., to or about booms, farm, factory, etrest, office bidg., enc.)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21d. Time (Month) (Day) (Year) (Eloux)  21e. INJURY OCCURRED WHILE NOT WHILE WORK AT WORK  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. How DID INJURY OCCUR?  22f. Horeby certify that I attended the deceased from Office of the causes and on the date stated above.  23a. STENATURE  Degree or title)  23b. ADDRESS, // COUNTY  (State Operatory)  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  (State Operatory)  25c. DATE SIGN  26c. DATE SIGN  26c. NAME OF CEMETERY OR CREMATORY  26c. NAME OF CEMETERY		II. OTHER SIGNIFIC		(c)		· · · · · · · · · · · · · · · · · · ·			
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  177X  18b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  177X  177X  178  178		Conditions contribu	ting to the death but not		•	•		i	
21a. ACCIDENT (Specify)  21b. PLACE OF INJURY (s.g., in or about SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Tear) (Hour)  21d. TIME (Month) (Day) (Tear) (Hour)  21d. INJURY  21e. INJURY OCCURRED WHILE NOT WHILE WORK AT WORK  21f. How DID INJURY OCCUR?  22f. How DID INJURY OCCUR?  2	19a. DATE OF OPERA-								20. AUTOPSY1
SUICIDE    SUICIDE   HOMICIDE   H	. TION			<u>.</u>				1/1	YES 🗌 NO 🛭
21d. TIME (Month) (Day) (Fear) (Elour) 21e. INJURY OCCURRED OF INJURY OCCURRED OF INJURY  21f. How did injury occurred to 21f.	21a. ACCIDENT SUICIDE HOMICIDE	(Bpecify) 21	b. PLACE OF INJURY (e., me, farm, factory, street, off		21c. (CITY, TOV	YN, OR TOWNSH	IP)	(COUNTY)	(STATE)
22. I hereby certify that I attended the deceased from April 5, 1957, to Dac 15, 1957, that I last saw the deceased nor be c 8, 1924, and that death occurred at 7:00p m., from the causes and on the date stated above.  23a. SIGNATURE  Degree or title) 0 23b. ADDRESS  Degree or title) 0 25b. ADDRESS  Degree or title) 0 2bb. ADDRES	21d. TIME (Month)	(Day) (Year) (H	euz)   21e. INJURY O	CCURRED :	21f. HOW DID I	NJURY OCCURT			
alive on De. C. 8, 1977, and that death occurred at 7:00p m., from the causes and on the date stated above.  23a. SPENATURE  Degree or title) O 23b. ADDRESS.  Description Of the Dec. 16-52  BURIAL REMA- 24b. DATE  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State Normal at the causes and on the date stated above.  25c. DATE SIGN.  26c. DATE SIGN.  Dec. 16-52  Degree or title) O 23b. ADDRESS.  12-18-57  Monroe Cemetery   24d. LOCATION (Oity, town, or county) (State 25c. FUHERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME: Chillicothe, M.	OF INJURY			T WHILE			·	<u> </u>	
alive on De. C. 8, 1977, and that death occurred at 7:00p m., from the causes and on the date stated above.  23a. SPENATURE  Degree or title) O 23b. ADDRESS.  Description Of the Dec. 16-52  BURIAL REMA- 24b. DATE  24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State Normal at the causes and on the date stated above.  25c. DATE SIGN.  26c. DATE SIGN.  Dec. 16-52  Degree or title) O 23b. ADDRESS.  12-18-57  Monroe Cemetery   24d. LOCATION (Oity, town, or county) (State 25c. FUHERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME: Chillicothe, M.	22. I herebu certifu t	hat I attended the	e deceased from A	Mr 15		Dac	15, 1057	, that I last	saw the deceased
See BURIAL REMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) (State Burial   12-18-57   Monroe Cemetery   Ludlow   Missouri   DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   25: FURERAL DIRECTOR'S SIGNATURE   ADDRESS   12-16-57   Trancao BY (11)   NORMAN FUNERAL HOME: Chillicothe, M			, and that death oc		:00p m., j	from the cause	s and on th	e date stated	above.
MONTON CEMENTAL REMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) (State Prop. REMOVAL (Repodity)   12-18-57   Monton Cemetery   Ludlow   Missouri   DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE   25. FUMERAL DIRECTOR'S SIGNATURE   ADDRESS     12-16-57   FUMERAL DIRECTOR'S SIGNATURE   NORMAN FUNERAL HOME: Chillicothe, M	23a. SIGNATURE	1.00	Degr	ee or title)	23b. ADDRESS	Hicet	he, J	mo I	23c. DATE SIGNED
Burial 12-18-57 Monroe Cemetery Ludlow Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  12-16-57 FLANCIO BY 111 NORMAN FUNERAL HOME: Chillicothe, M	ZINBURIAL EREMA	1 21b, DATE	24c. NAME O	F CEMETERY	OR CREMATOR	<u> </u>	ATION (Olty,	town, or count	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  NORMAN FUNERAL HOME: Chillicothe, M	PION, REMOVAE (Brooth)	)	1			·   _ ·	1 Ow	Miss	ouri
12-16-57 Frances B Mail NORMAN FUNERAL HOME: Chillicothe, M	_~~~~ <u>~~~~</u>			13	25 FUÑERAL	DIRECTOR'S	ST GNATURE	ADE	ORE \$5
(Licensed Embalmer's Statement on Reverse Side)	12-16-57	1 Fran	cao B No	100 1	NORMAN	FUNERAL	HOME:	Chilli	cothe,Mo
			(Licensed E	mbalmer's Sta	tement on Rev	erae Side)			

I hereby certify that the body whose na	me is recorded	on the reverse side of this c	ertificate was	embalmed by	me, or by	
		•				•
			Student Em	balmer No		
	· · ·	•				
orking under my personal supervision.		•	•			
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Licensed Embalmer No. 4769 Chillicothe, Missouri CENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.